

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| Facility's Name: Marietta Paguirigan | CHAPTER 100.1 |
| Address: 4007 Keaka Drive, Honolulu, Hawaii 96818 | Inspection Date: February 19, 2019 Annual |

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

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FEB 21 2019
STATE LICENSING SECTION

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|---|---|--|
| <input checked="" type="checkbox"/> | <p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Two Step PPD history unavailable for PCG, SCG#1, HHM#1, and HHM#2.</p> | <p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <ul style="list-style-type: none"> - Two Step PPD for PCG was completed and was added into the Care Home Folder on February 22, 2019. - Two Step PPD^{result} for SCG # 1 was added into the Care Home Folder on February 19, 2019. - Two Step PPD for HHM # 1 will be done on March 13, 2019. - Two Step PPD for HHM # 2 will be done on March 13, 2019. <p>Results of Two Step PPD for HHM#1 and HHM # 2 will be added into the Care Home Folder once it is completed.</p> | <p>2/22/19</p> <p>2/19/19</p> <p>2/19/19</p> |

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Licensee's/Administrator's Signature: Marietta Paguirigan

Print Name: MARIETTA B. PAGUIRIGAN

Date: 3/6/19

Licensee's/Administrator's Signature: Marietta Paguirigan

Print Name: MARIETTA PAGUIRIGAN

Date: 3/28/19

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